DOCKET No.:

19724

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

CYCLIC OLEFIN COPOLYMER EXTERNAL CAPSULE FOR PRESERVING MEDICAL DEVICE

the specification of which

[X] is attached hereto.	
[] was filed onApplication Serial Noand was amended on	-
and was amended on	(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37 Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 (a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT international application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s):

Number	Country	Date of Filing Day/Month/Year	Priority Claimed Under 35 U.S.C. 119	
03023619.4	EPA	16/10/2003	YES	
PCT/EP2004/011673	WIPO	15/10/2004	YES	

I hereby claim the benefit under T States provisional application(s) lis	•	s Code, Section119(e) of any Unit	ted
(Application Number)		(Filing Date)	
(Application Number)		(Filing Date)	
I hereby claim the benefit under States application(s), or Section 30 United States, listed below and, is application is not disclosed in the manner provided by the first packnowledge the duty to disclose information known to me to be made 1.56 which became available betwoor PCT International filing date of	55(c) of any PCT Intensofar as the subject prior United States or paragraph of 35, United State to the United State terial to patentability agent the filing date of	ernational application designating to matter of each of the claims of the PCT International application in the mited States Code, Section 112, es Patent and Trademark Office has defined in Title 37, C.F.R., Section	the his the line in all
Application Serial No.	Filing Date	Status	
Application Serial No.	Filing Date	Status	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

CUSTOMER NO. 00272

Full name of sole or first inventor

Address all telephone calls to Leopold Presser at telephone no. 516-742-4343

Address all correspondence to Leopold Presser, Scully, Scott, Murphy & Presser, 400 Garden City Plaza, Ste.300, Garden City, New York 11530

Vincent JEIVIELIN			
Sole or first inventor's signature	I	Date	
V. 1/W/	March	30, 2	006
Residence			
Weiere 19 - CH-4312 MAGDEN AG - SWITZERLAND			
Citizenship			
Swiss			
Post Office Address			
same as Residence			
Full name of second inventor			
Second inventor's signature		Date	
Residence			
Citizenship			
Citizenship			
Post Office Address			
Full name of third inventor			· · · · · · · · · · · · · · · · · · ·
Third inventor's signature]	Date	
Residence			
Citizenship			
Post Office Address			